

2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000120115

Entity Name: S.E. COMBINED SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

4207 E LAKE AVE
TAMPA, FL 33610

FILED
May 15, 2014
Secretary of State
CC0308191180

Current Mailing Address:

1929 ALLEN PARKWAY
HOUSTON, TX 77019 US

FEI Number: 59-0259432

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name KEY, JANET S
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title MANAGER
Name GARRETT, SUSAN L
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title MANAGER
Name LONGINO, NOBLE L
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title MEMBER
Name TRIESCH, MICHAEL G
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

Title MEMBER
Name GIBBS, BRENDA K
Address 1333 S CLEARVIEW PKWY
City-State-Zip: JEFFERSON LA 70121

Title VP
Name GEHL, PAMELA J
Address 1333 S CLEARVIEW PKWY
City-State-Zip: JEFFERSON LA 70121

Title VP
Name GRUENDL, KEITH L
Address 1333 S CLEARVIEW PKWY
City-State-Zip: JEFFERSON LA 70121

Title VP
Name BRIGGS, CURTIS G
Address 1929 ALLEN PARKWAY
City-State-Zip: HOUSTON TX 77019

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL G TRIESCH

MEMBER

05/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name GUARA, MANUEL
Address 1333 S CLEARVIEW PKWY
City-State-Zip: JEFFERSON LA 70121

Title VP
Name LACOUR, ANGELA M
Address 1333 S CLEARVIEW PKWY
City-State-Zip: JEFFERSON LA 70121